

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	1					
6	1					
7	1					
8	1					
9	2					
10	2					
11	1					
12	1					
13	1					
14	1					
15	1					
16	2					
17	2					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	2					
31	2					
32						
33						
34						
35						
36						
37	2					
38	2					
39						
40						
41	2					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	51					
TOTAL CLAIMS	53					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						